

<p>York/Adams Drug & Alcohol Commission Policy & Procedure Manual</p>	<p>Number: T-12</p> <p>Policy: Funding Authorization for OP, IOP & Partial Hospitalization & Continued Stay</p>
<p>Most Current Revision: 7/1/13</p>	<p>Page: 1 of 3</p>

I. Purpose:

To establish policy, procedure and instruction for Funding Authorization for OP (1A), IOP (1B), and Partial Hospitalization (2A) level of care treatment services.

Policy:

REMEMBER: It is the contracted providers responsibility to ensure that the YADAC funding is the payment of last resort and as such, must ensure that all other viable funding options have been exhausted (that is: VA; DPW; private insurance; grant monies; HMO; etc) and as such may be required to produce documentation. Failure to adhere to this process may result in the forfeiture of YADAC funding. Additionally, the Contracted Provider is to utilize the available MA tracking systems to determine client MA activity status at each client appointment as a means to safeguard YADAC funding as the payer of last resort.

It is inferred that you are reading these instructions as all other substance use disorder funding options for the client have been exhausted.

A. General Instructions to Activate Initial Funding

- York Adams Drug & Alcohol Commission (YADAC) Funding Authorization is NOT required for clients to start OP; IOP; and/or Partial Hospitalization Level of Care Treatment Services. There is no formal written or verbal treatment approval authorization for 1A Outpatient; 1B Intensive Outpatient; or 2A Partial Hospitalization Services. The invoicing system, continued stays reviews, and the annual monitoring site visit allows for needed tracking of the clients and their required paperwork.

1. The following YADAC forms/documents must be reviewed with the client; signed/dated by the client AND retained in the client chart for review at the Quality Assurance site visits and/or at the Monitoring Site Visits:

Please be aware that while funding authorization is not required for clients to start services for 1A Outpatient; 1B Intensive Outpatient; or 2A Partial Hospitalization, there are forms/documents that MUST be completed with the client. These documents must be

REMEMBER: YADAC's funding is to be utilized as the funding of last resort.

completed correctly and entirely, will be considered a permanent part of the client record, AND shall be made available at the time of the monitoring site visit. The following is the list of client forms/documents that are to be made available at the time of the Quality Assurance site visits and/or at the Monitoring Site Visits:

- Provider consent to release information to YADAC
- All other appropriate general consents to release information
- Consent for Re-Disclosure (as required)
- Maximum Client Benefits Sheet
- Client Rights
- Grievance and Appeal
- PCPC Summary Sheets (Admission/Continued Stay/Discharge/Referral)
- TB Questionnaire
- Charitable Choice Disclosure (as applicable)
- Client Liability (as applicable)
- Non-Treatment Needs Case Coordination Report
- Treatment Court Update Reports (as applicable)
- LOC Assessment
- Other forms/documents (as applicable)

B. General Instructions to Activate Continued Stay Funding

- Continued Stay Review Time Frames & Process: Upon approaching the below identified times of treatment, the contracted provider **MUST**:

1. 1A Outpatient: upon approaching six (6) months of Outpatient treatment

- CP must submit a YADAC Request for Continued Stay Authorization to the YADAC Case Management Supervisor containing the following: current valid liability; current Non-Treatment Needs Case Coordination Report; Continued Stay PCPC indicating clinical necessity for continuation of outpatient services, valid signed Release of Information to YADAC, and date case was clinically staffed.
- Within five (5) business days, the YADAC Case Management Supervisor will provide a written response.
- The aforementioned is to become a permanent part of the client record and made available for the YADAC site monitoring visit.
- Failure to produce any of the aforementioned documents/information at the time of the site visit may result in the forfeiture of payments.

2. 1B Intensive Outpatient: every 10 weeks

- CP must submit a YADAC Request for Continued Stay Authorization to the YADAC Case Management Supervisor containing the following: current valid liability; current Non-Treatment Needs Case Coordination

REMEMBER: YADAC's funding is to be utilized as the funding of last resort.

Report; Continued Stay PCPC indicating clinical necessity for continuation of outpatient services, valid signed Release of Information to YADAC, and date case was clinically staffed.

- Within five (5) business days, the YADAC Case Management Supervisor will provide a written response.
- The aforementioned is to become a permanent part of the client record and made available for the YADAC site monitoring visit.
- Failure to produce any of the aforementioned documents/information at the time of the site visit may result in the forfeiture of payments.

3. **2A Partial Hospitalization:** every 10 weeks

- CP must submit a YADAC Request for Continued Stay Authorization to the YADAC Case Management Supervisor containing the following: current valid liability; current Non-Treatment Needs Case Coordination Report; Continued Stay PCPC indicating clinical necessity for continuation of outpatient services, valid signed Release of Information to YADAC, and date case was clinically staffed.
- Within five (5) business days, the YADAC Case Management Supervisor will provide a written response.
- Upon receiving APPROVAL for a continued six (6) months of outpatient services A CLIENT LIABILITY MUST BE COMPLETED.
- The aforementioned is to become a permanent part of the client record and made available for the YADAC site monitoring visit.
- Failure to produce any of the aforementioned documents/information at the time of the site visit may result in the forfeiture of payments.

Approved By:

YADAC Administrator

Date

REMEMBER: YADAC's funding is to be utilized as the funding of last resort.